



Lawrence Livermore National Laboratory

ACCOUNTING DEPARTMENT Accounts Payable

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Date _____ By _____

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Dear Consultant:

As a recipient of payments from Lawrence Livermore National Laboratory (LLNL), your organization may be able to take advantage of LLNL's Electronic Funds Transfer (EFT) Program. EFT (a.k.a. direct deposit) may be more convenient for your organization. Direct deposit payments are not subject to handling and mailing delays associated with checks. In addition, EFT payments are automatically and securely deposited into your organization's designated bank account; they are sheltered from opportunities for misrouting, theft, and forgery. **LLNL electronically sends remittance advice information in a CTX 820 format and by e-mail.**

If you would like to receive direct deposit payments, please complete the form below and return this entire page to the Consultant Office. If you have any questions, regarding the please e-mail diaz6@llnl.gov or call Theresa Diaz at (925) 423-0248.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS/DEBITS)

Consultant Name _____ SS Number _____

Mailing Address _____
(Street Address, City, State, Zip Code)

E-Mail Address _____

I (we) hereby authorize University of California, Lawrence Livermore National Laboratory, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank)
Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____
(9 digit ABA number)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Telephone Number _____
(Please Print)

Date _____ Signature _____

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